

Use of this form serves as a Quality Assurance Agency Special Inspection Agreement between Building Official, Owner and Quality Assurance Agency for the purposes of special inspection per Section 22.02.515 of the Building Administrative Code of Clark County. This form is applicable to the Uniform Building Code and the International Building Code.



## Development Services Building Division

4701 W. Russell Rd • Las Vegas NV 89118  
(702) 455-3000 • Fax (702) 221-0630

Ronald L. Lynn, Director/Building Official • Gregory J. Franklin, Assistant Director

Report No.	
Page	of
Inspection Date	
Permit No.	

### POST-TENSIONED SLAB-ON-GRADE

Project Address:		Lot:		Block:	
Development Name:					
Quality Assurance Agency:		Owner/Agent			
<i>Owner/Agent Signature</i>					Date:
CCBD Inspector Initials					Date:

### INSPECTION SUMMARY

<b>CCBD PLAN APPROVAL DATE:</b>		
<b>Product Installation Complies with requirements</b>	Yes	No

I hereby acknowledge that I have reviewed the approved plans and have observed the site conditions at the time of installation. The post-tensioned cable installation has been verified to be in accordance with the approved plans.

<b>SPECIAL INSPECTOR (PRINTED)</b>	
<b>SPECIAL INSPECTOR (SIGNATURE)</b>	<b>DATE</b>

ENGINEER STAMP HERE
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Return completed certification to Clark County Department of Development Services -Building Division